

Name
In
Full

John W. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 10	Years 75	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Unknown
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Unknown		
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Unknown		Mother's Birthplace			
Name of person giving Information	J. J. Jackson		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La grippe		How long	3 or 4 days
Immediate	Heart Failure		How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. Henry	
		Address	Stevensville	
Accident or Suicide?			Wm	



Name
in
Full

Mrs Mary E. Bannick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

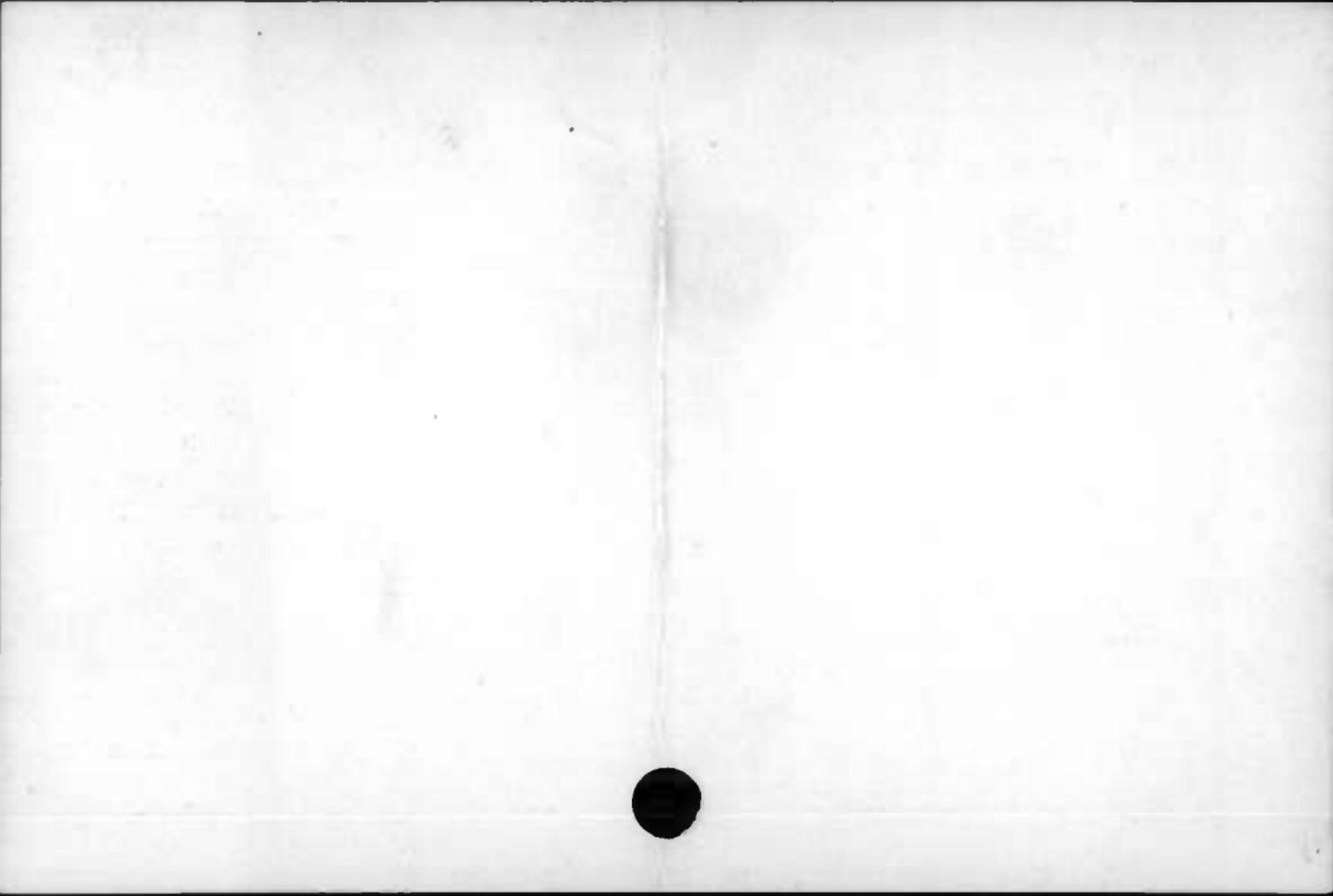
Died at		Town	County	MARYLAND		
Date of death	1908	Month 1	Day 31	Years 59	Months	Days
Sex	Female	Color or Race	white	Birth-place	Delaware	
Occupation	Housewife		Where Residing if not at place of death	Maryland		
Married, Single or Widowed	Name of Wife or Husband		John Frank Bannick			
Father's Name	John Reynolds		Father's Birthplace	Delaware		
Mother's Maiden Name	Margaret Wallace		Mother's Birthplace	Delaware		
Name of person giving information	John Edward Bannick		How related to deceased	Son		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	Two Years
Immediate	Weakness, Edema		How long	One year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frosti Sudsbury	
Yes		Address	Maryland	
Accident or Suicide?				



Name
in
Full

Wm H. Brown Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sallie (Mulligan) Brown				
Father's Name	Wm H. Brown					Father's Birthplace
Mother's Maiden Name	Elizabeth Brown					Mother's Birthplace
Name of person giving information	Mrs. Penny Metydorff					How related to deceased
CAUSES OF DEATH						27

Primary

Pulmo-laryngeal tuberculosis

How long

1 year

Immediate

Exhaustion

How long

48 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

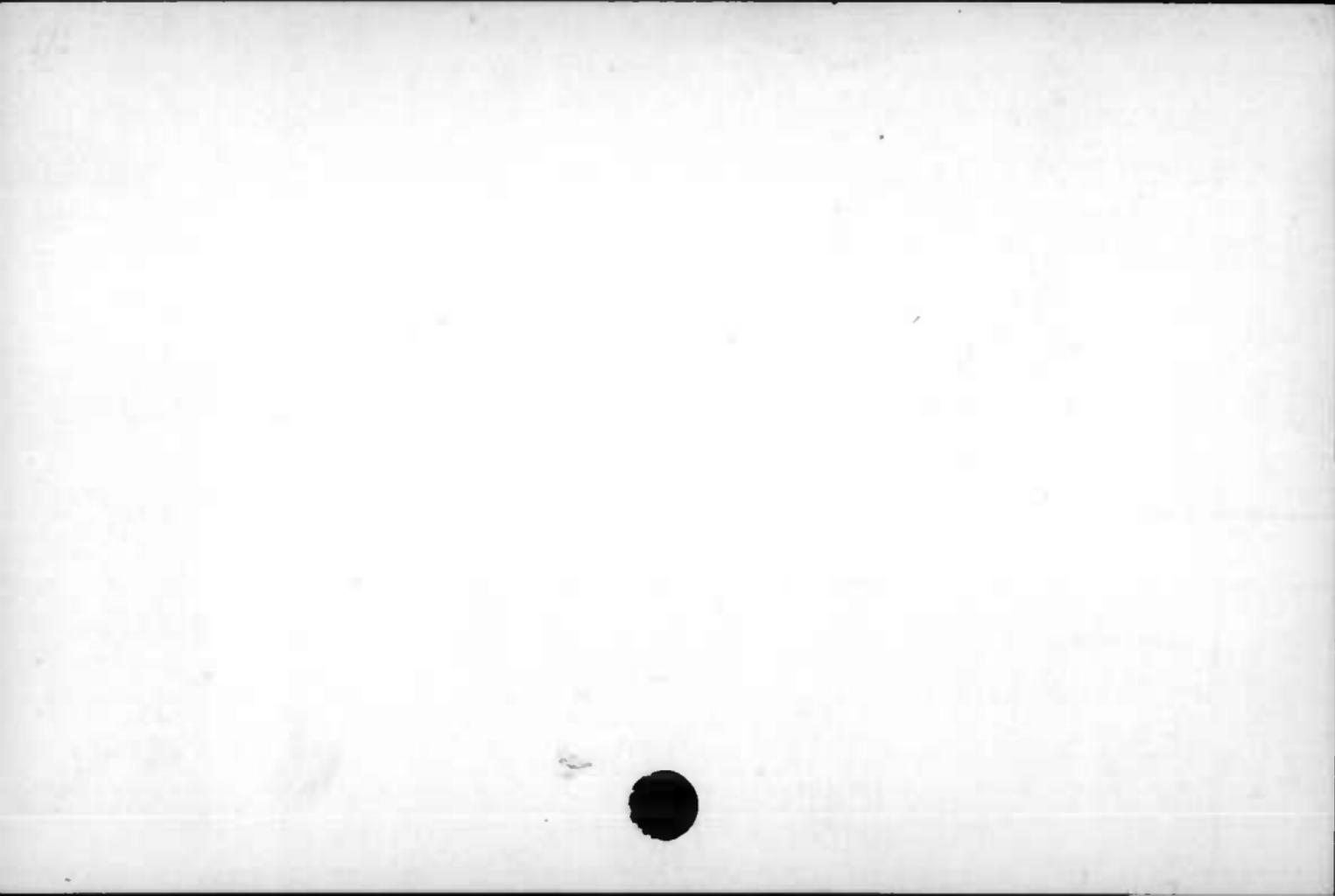
Signature of Physician

Yes

Address

Rowland H. Ford
Queenstown, Md

Accident or Suicide?



Name
in
Full

Jonathan A Boyan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fords		Town	County Greenbrier		MARYLAND		
Date of death 1908	Month Jan	Day 19	Age 75	Years 75	Months 9	Days 0	
Sex Male	Color or Race White		Birth-place W. New York				
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed Widower	Name of Wife or Husband Addie Boston						
Father's Name Wm Boyan	Father's Birthplace W. New York						
Mother's Maiden Name Amelia Garrison	Mother's Birthplace W. New York						
Name of person giving Information Rufus Boyan	How related to deceased Brother						

CAUSES OF DEATH

10

How long

2 weeks

How long

3 years

PHYSICIAN
OR CORONER

Primary

La Grippe

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

**Wm. H. Stevies
Steviesville Md**



Accident or Suicide?

No



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Endman Chance

Died at Wye Island

County
Dorchester

MARYLAND

Date of death 1908 Month 1st Day 12 Age 4 Years Months - Days

Sex Male

Color or Race White

Birth-place Maryland

Occupation

Child

Where Residing if not
at place of death

Wye Island

Married, Single
or WidowedName of Wife or
Husband

Child

Father's Name

Dawson, Chance

Father's Birthplace

Maryland

Mother's Maiden Name

Katie Melvin

Mother's Birthplace

Maryland

Name of person giving
Information

Bry. Melvin.

How related
to deceased

Uncle

CAUSES OF DEATH

71

Primary

Asthma

How long

2 days

Immediate

Convulsions - Heart failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

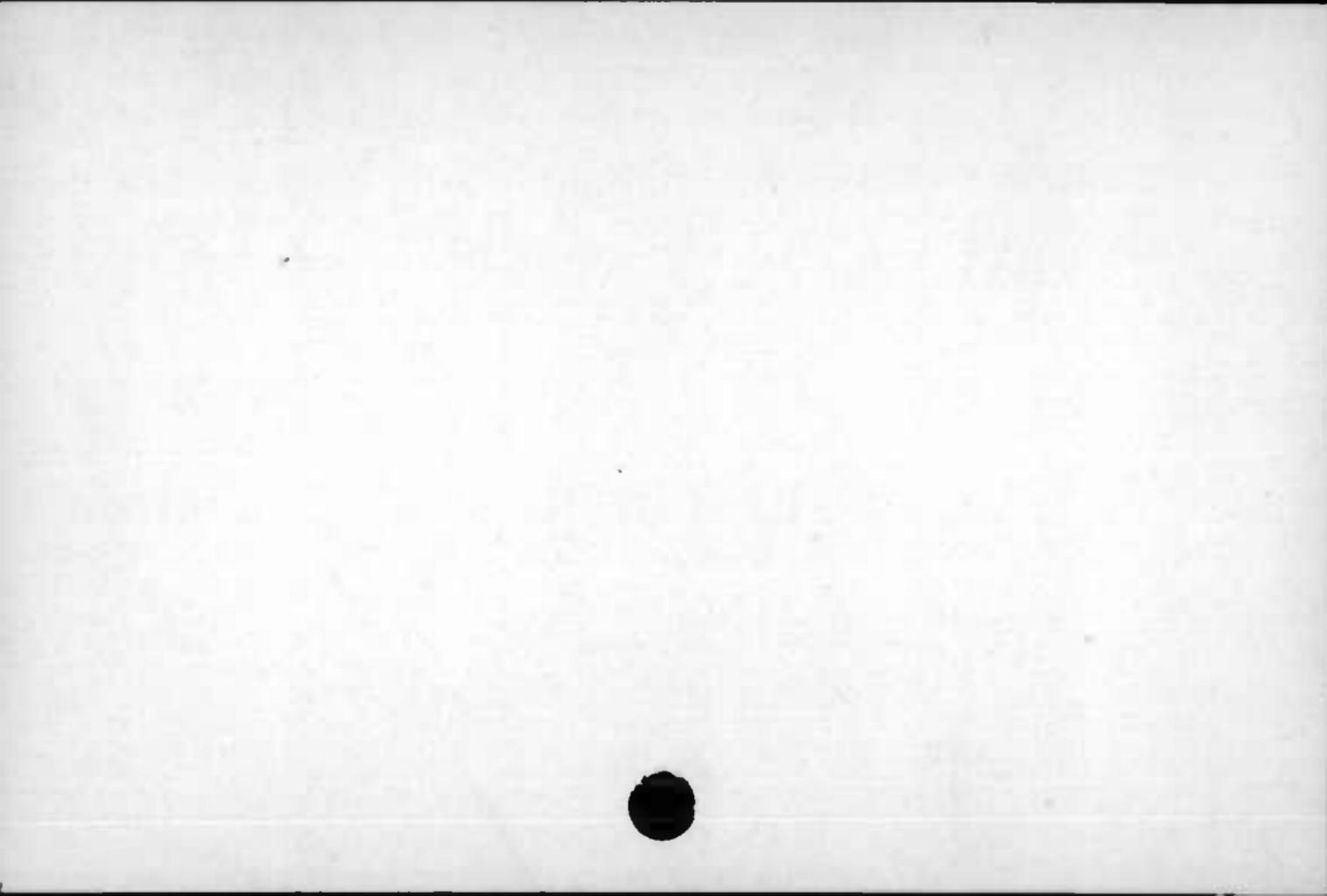
Address

J. D. Slack M.D.

Wye Mills

Md

Accident or Suicide?



Name
in
Full

Marie M Chouber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 11	Age 54	Years	Months 10
Sex	Female	Color or Race	White		Birth-place	Queen Anne Co
Occupation	Housewife		Where Residing if not at place of death		Walters Callics New England	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Lora James Chouber		Queen Anne Co	
Father's Name	William Son				Father's Birthplace	Queen Anne Co
Mother's Maiden Name	Miss Mary Mosefield				Mother's Birthplace	Queen Anne Co
Name of person giving information	Walt, Callics				How related to deceased	Son in Law

CAUSES OF DEATH

120

How long

197

How long

1 hr

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Dudley, M.D.

Black Hill
Queen Anne Co. Md

Accident or Suicide?

No.

Centauraea

Katie Alice (Gregory) Callier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	White	Birth-Place	
Occupation	wife			Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	James Edward Callier		
Father's Name	George W. Gregory			Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Mary J. Goodman			Mother's Birthplace	Baltimore, Md.	
Name of person giving information	James E. Callier			How related to deceased	Husband	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Don't know			179	
	Immediate	Pardise exhaustion			How long	

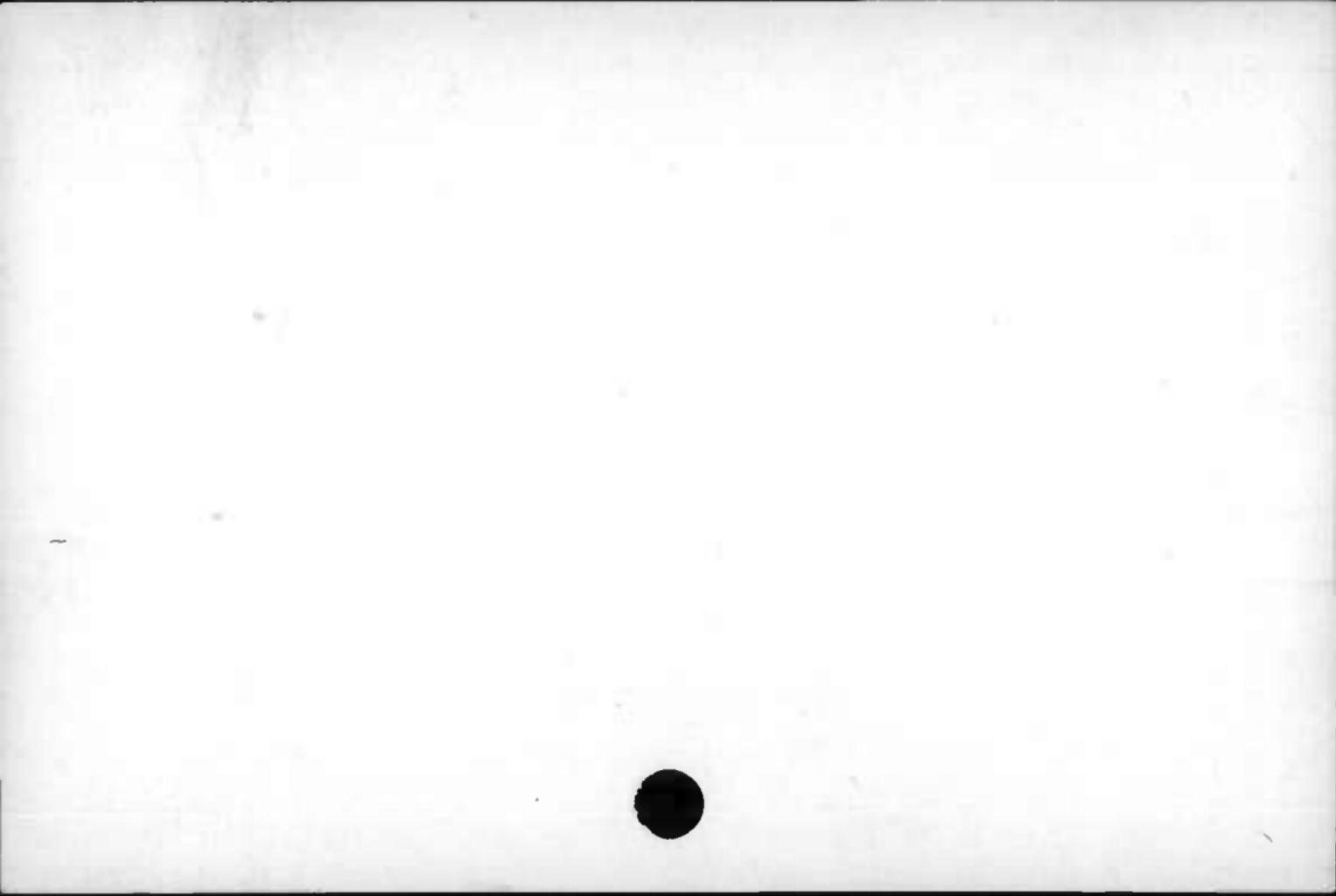
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Rowland & H. Ford
Queenstown, Md.

Accident or Suicide?



Mabel S. Dawkins

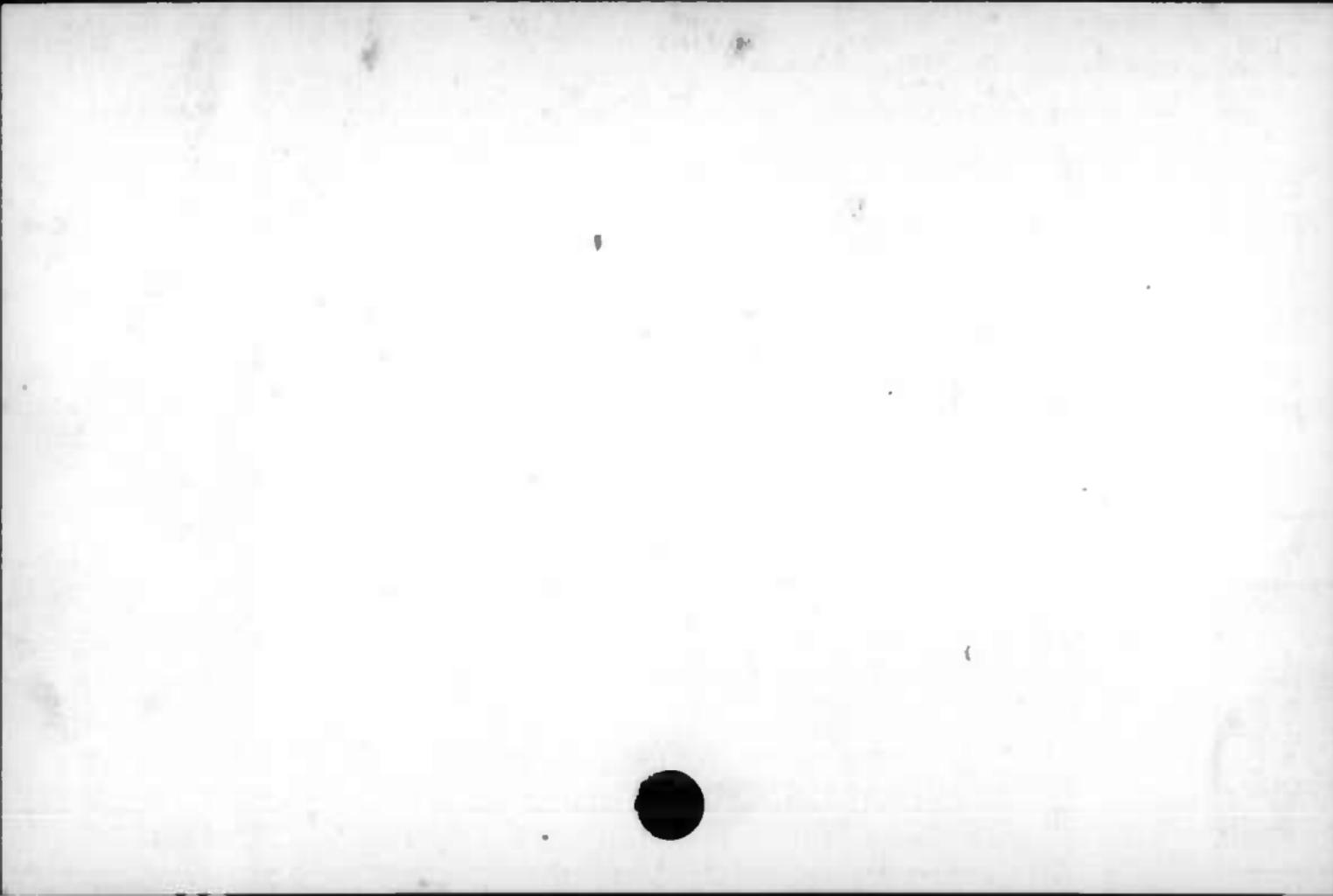
CERTIFICATE OF DEATH

Died at <u>Queenstown</u> <small>Town</small>		Anne Arundel County		MARYLAND		
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>1</u>	Age <u>9</u>	Years <u>9</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Church Hill, Md.</u>				
Occupation <u>child</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas G. Dawkins</u>	Father's Birthplace <u>England</u>					
Mother's Maiden Name <u>Bessie Mansfield</u>	Mother's Birthplace <u>R.C. Co., Md.</u>					
Name of person giving Information <u>Rowland S. Ford</u>	How related to deceased <u>Physician</u>					

CAUSES OF DEATH

93

Primary	<u>Pneumonia</u>	How long <u>48 hours</u>
	<u>Cardiac failure</u>	
Immediate	<u>Cardiac failure</u>	How long <u>Four hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Rowland S. Ford</u>
		Address <u>Queenstown, Md.</u>
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katherine Dean

CERTIFICATE OF DEATH

Died <i>near Bridgetown</i>			Town <i>Gloucester</i> County <i>Gloucester</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1908	1	18	69			
Sex	Female	Color or Race	<i>White</i>	Birth- place	<i>Caroline Co. Md.</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death	<i>Place of death</i>	
Married, Single or Widowed	<i>Widow</i>	Name of Who Husband	<i>Elijah Dean Jr.</i>			
Father's Name	<i>John Taylor</i>			Father's Birthplace	<i>Caroline Co. Md.</i>	
Mother's Maiden Name	<i>Nancy D. Roachbroom</i>			Mother's Birthplace	<i>Caroline Co. Md.</i>	
Name of person giving Information	<i>Elijah Dean Jr.</i>			How related to deceased	<i>Son</i>	

CAUSES OF DEATH

64

Primary

Arterio-Sclerosis

How long

3 or 4 yrs

Immediate

Cerebral Hemorrhage

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

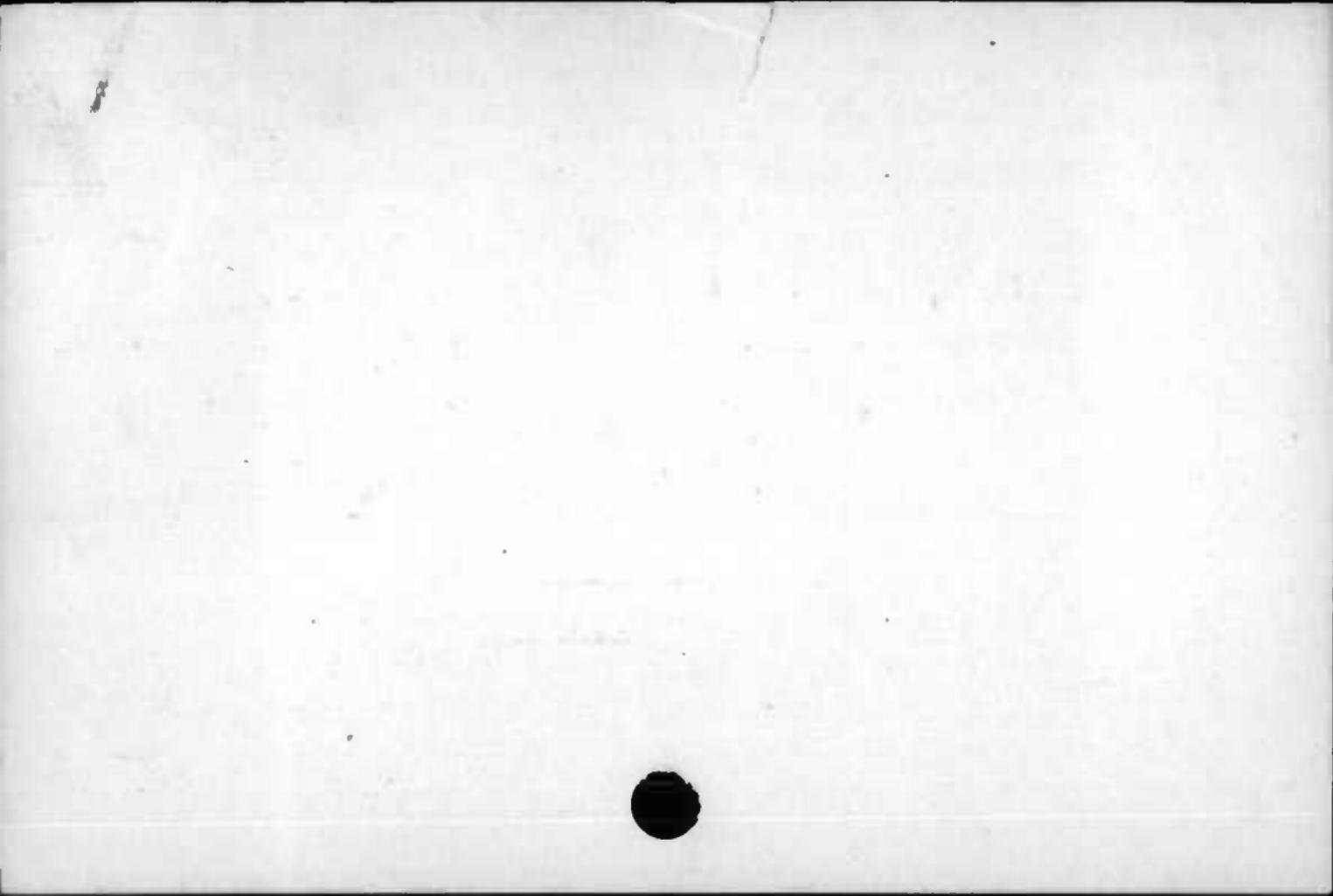
Address

J. M. Bonstrack, M.D.

*Gloucester,
Md.*

Accident or Suicide?

no



Name
in
Full

Mary Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 25	Years Age 27	Months —	Days —
Sex	Female	Color or Race white	Where Residing if not at place of death		Birth- place Maryland	
Occupation	Housekeeper for father				—	
Married, Single or Widowed	Singh		Name of Wife or Husband			
Father's Name	John Elliott				Father's Birthplace	Edo Ind
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving Information	Albert Reinier				How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

2 years

Immediate

Exhaustion, "

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Foster Sibley
Sudborville Md

Accident or Suicide?

C Hui

Dyolah Green

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Jan	Day 9	Age 77	Years	Months
Sex female	Color or Race Colored	Where Residing if not at place of death	Birth-place Kent Island		
Occupation Housework	Name of Wife or Husband Robt. P. Green		Father's Name	Kent Island	
Married, Single or Widowed Widow	John Bowser		Mother's Name	Kent Island	
Father's Name	Unknown		Mother's Maiden Name	Kent Island	
Mother's Maiden Name	Charley White		Name of person giving information	Unknown	
Name of person giving information	Charley White		How related to deceased	Unknown	

CAUSES OF DEATH

177

Primary

Old Age

Immediate

Dropsy & Exhaustion 2 or 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

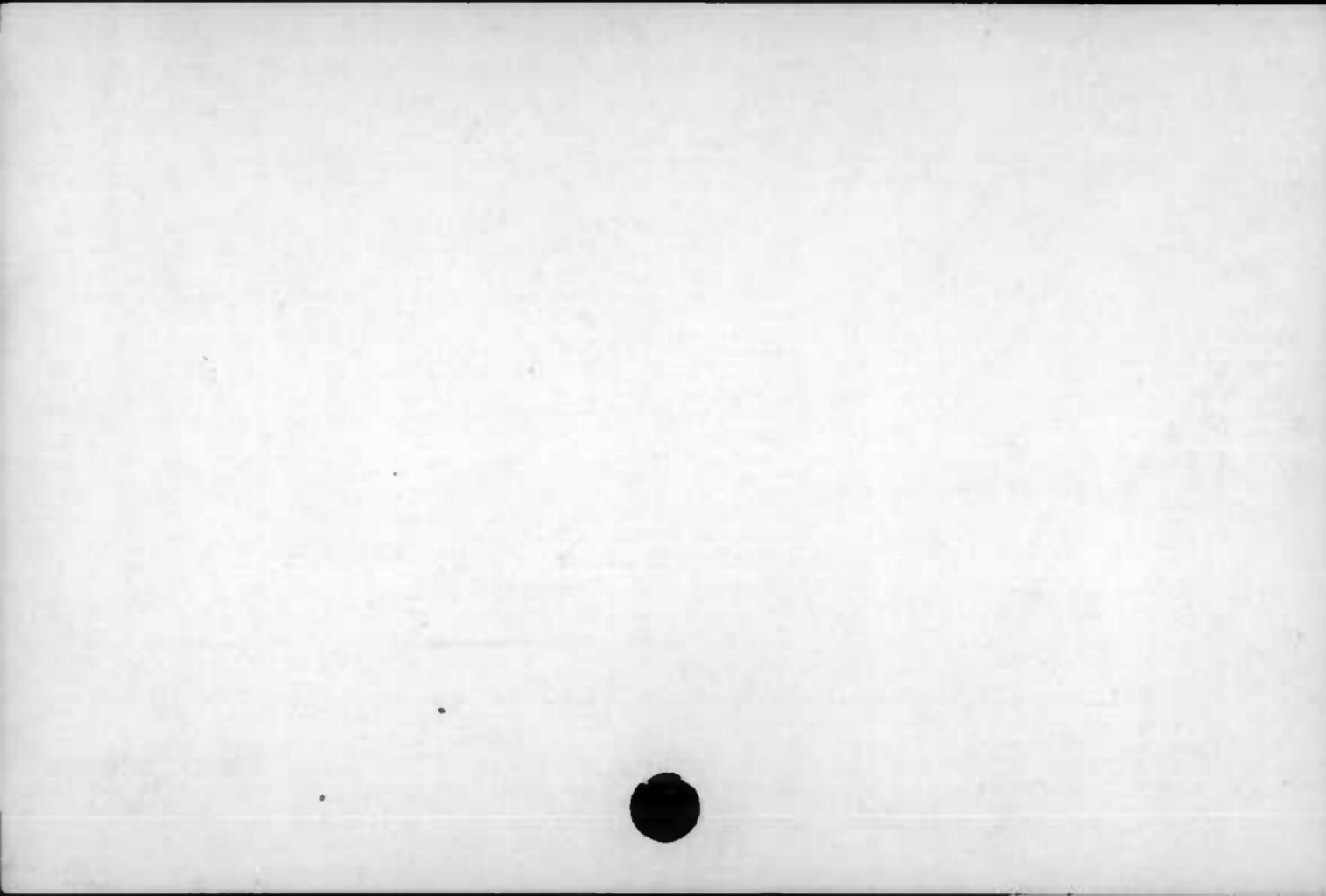
Address

yes

Wm. G. Henry
Stevensville Md

Accident or Suicide?

No



Name
in
Full

Malilda Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Queenstown</u>		Town	<u>S. A.</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>6</u>	Age <u>59</u>	Years <u>5-9</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth- place <u>Anne Arundel</u>			
Occupation <u>Mother</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm T. Harris</u>			Father's Birthplace <u>Anne Arundel</u>			
Father's Name <u>Richard Bart</u>				Mother's Birthplace <u>Anne Arundel</u>			
Mother's Maiden Name <u>Malilda Bart</u>				How related to deceased <u>Son</u>			
Name of person giving Information <u>Wm Harris</u>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Mitral Stenosis

Immediate

Cardiac Failure

Are the name, age, sex, color, date
and place correctly given above?

Yes.

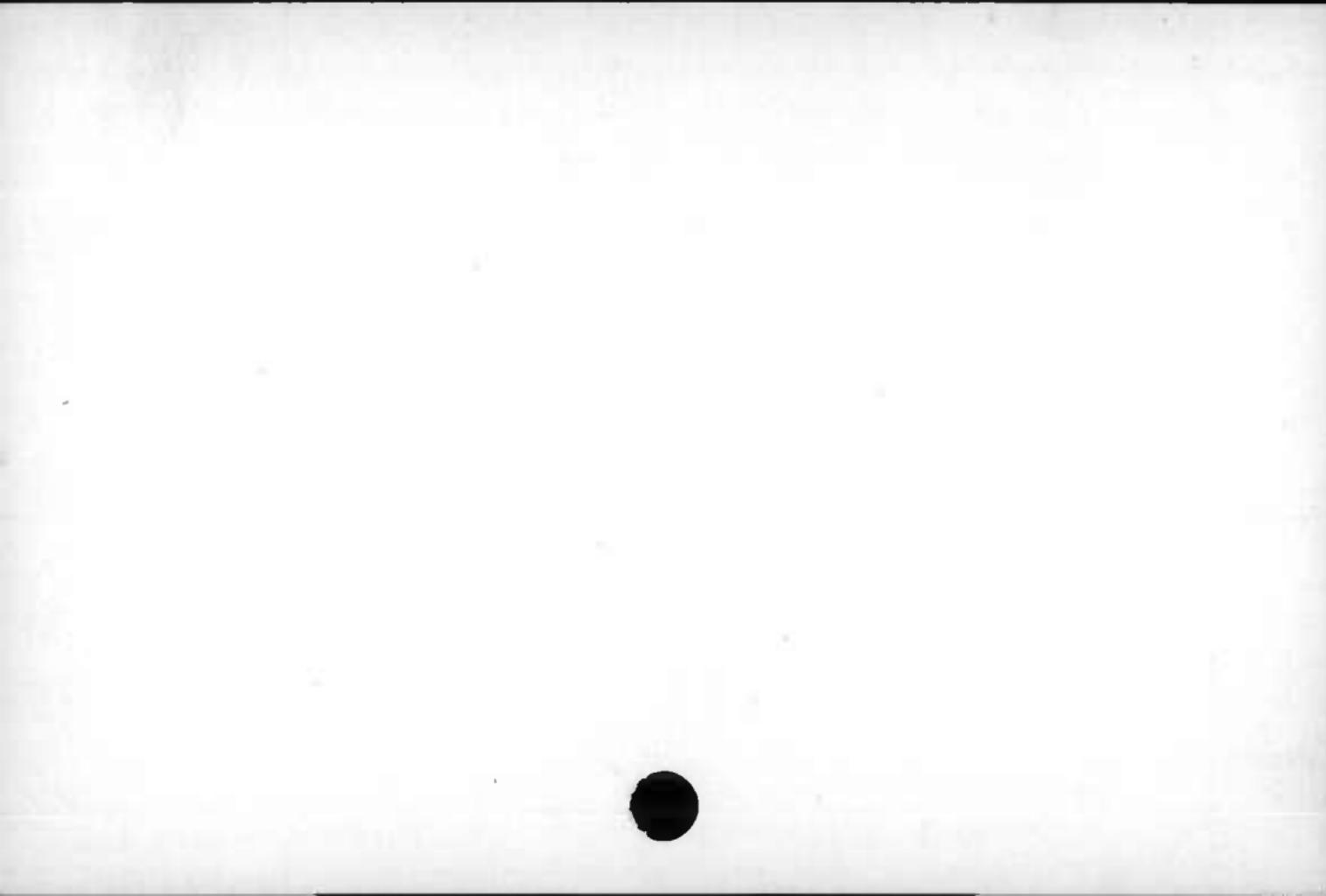
Signature of
Physician

Wm Landale W. Lora
Ten minutes

Address

Queenstown, Md.

Accident or Suicide?



Name
in
Full

Rachel K Hendrix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Crompton		County	Maryland		
Date of death	Month	Day	Years	Months	Days	
Sex	Female		Color or Race	white		
Occupation	At Work		Where Residing if not at place of death	Crompton Md		
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	James Woodall		Father's Birthplace	Md		
Mother's Maiden Name	Rachel K Woodall		Mother's Birthplace	Md		
Name of person giving Information	At Clay Hendrix		How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemiplegia

How long

Six Months

Immediate

Respiratory Failure

How long

Thirty Minutes

Are the name, age, sex, color, date and place correctly given above?

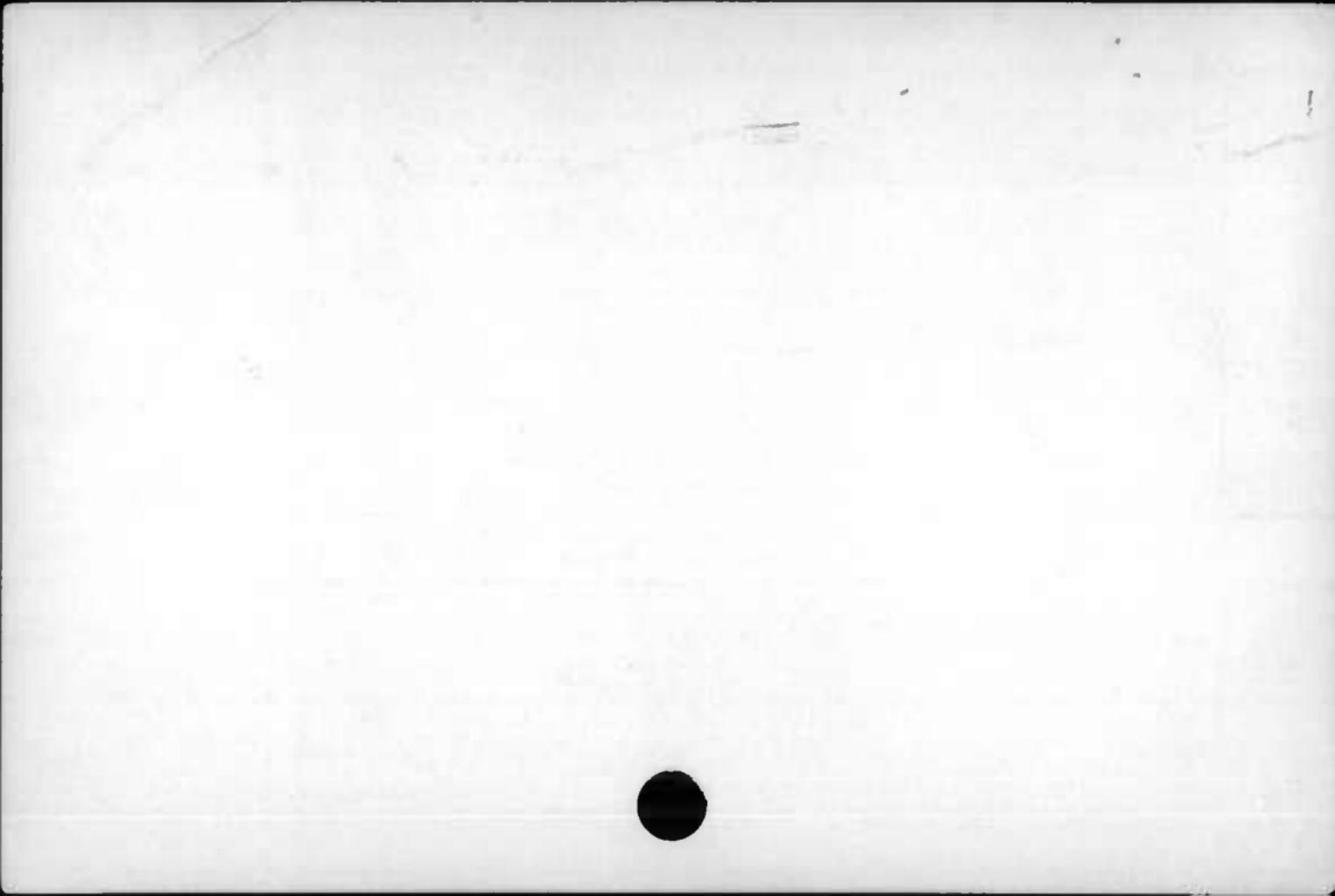
Signature of Physician

Arthur E. Landers

Address

Crompton Md

Accident or Suicide?



Name
in
Full

Benjamin Franklin Hessey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Crompton

County

St. Charles

MARYLAND

Date
of death

1908

Month

1

Day

10

Years

—

Months

—

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Crompton

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Benjamin F. Hessey

Father's
Birthplace

Mother's
Maiden Name

Annie Fathian

Mother's
Birthplace

Name of person giving
Information

B. F. Hessey

How related
to deceased

Father

CAUSES OF DEATH

151

How long

Primary

Premature Birth

How long

Immediate

Inanition Fever

Week

Are the name, age, sex, color, date
and place correctly given above?

Yes

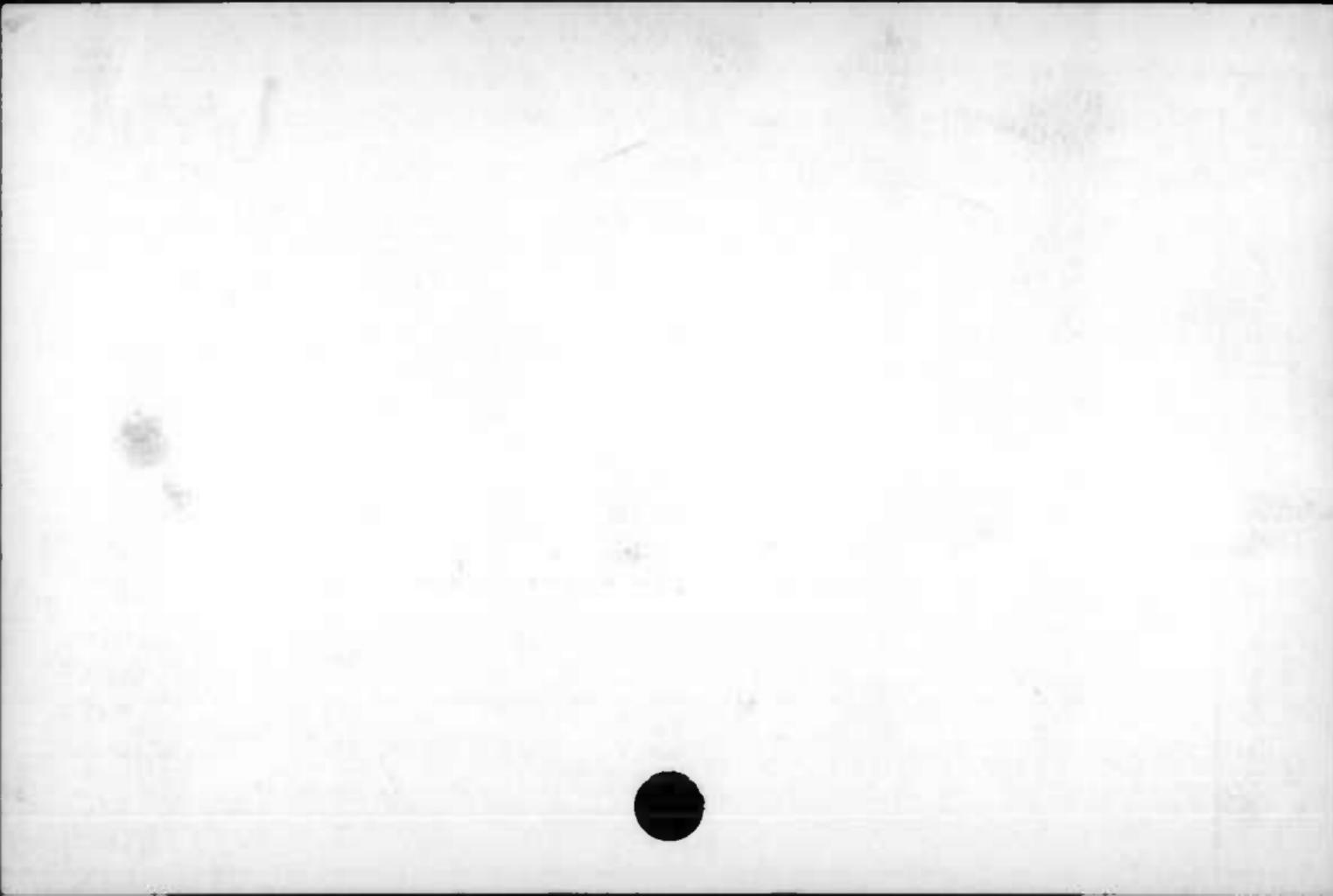
Signature of
Physician

Arthur E. Landers

Address

Crompton

Accident or Suicide?



Susan Houser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth- place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Wye Mills		
Married, Single or Widowed	Name of Wife or Husband		Henry Houser			
Father's Name	Monday Ross		Father's Birthplace	Not Known		
Mother's Maiden Name	Elizabeth —		Mother's Birthplace	Not Known		
Name of person giving Information	Henry Houser		How related deceased	Husband		
CAUSES OF DEATH						
Primary	Brights Kidney			How long	Several years	
Immediate	Hemoptysis			How long	7 days.	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. W. Slack, M.D.	
				Address	Wye Mills, Md.	

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

66

6) ... 9

Mary Ann Hynson

CERTIFICATE OF DEATH

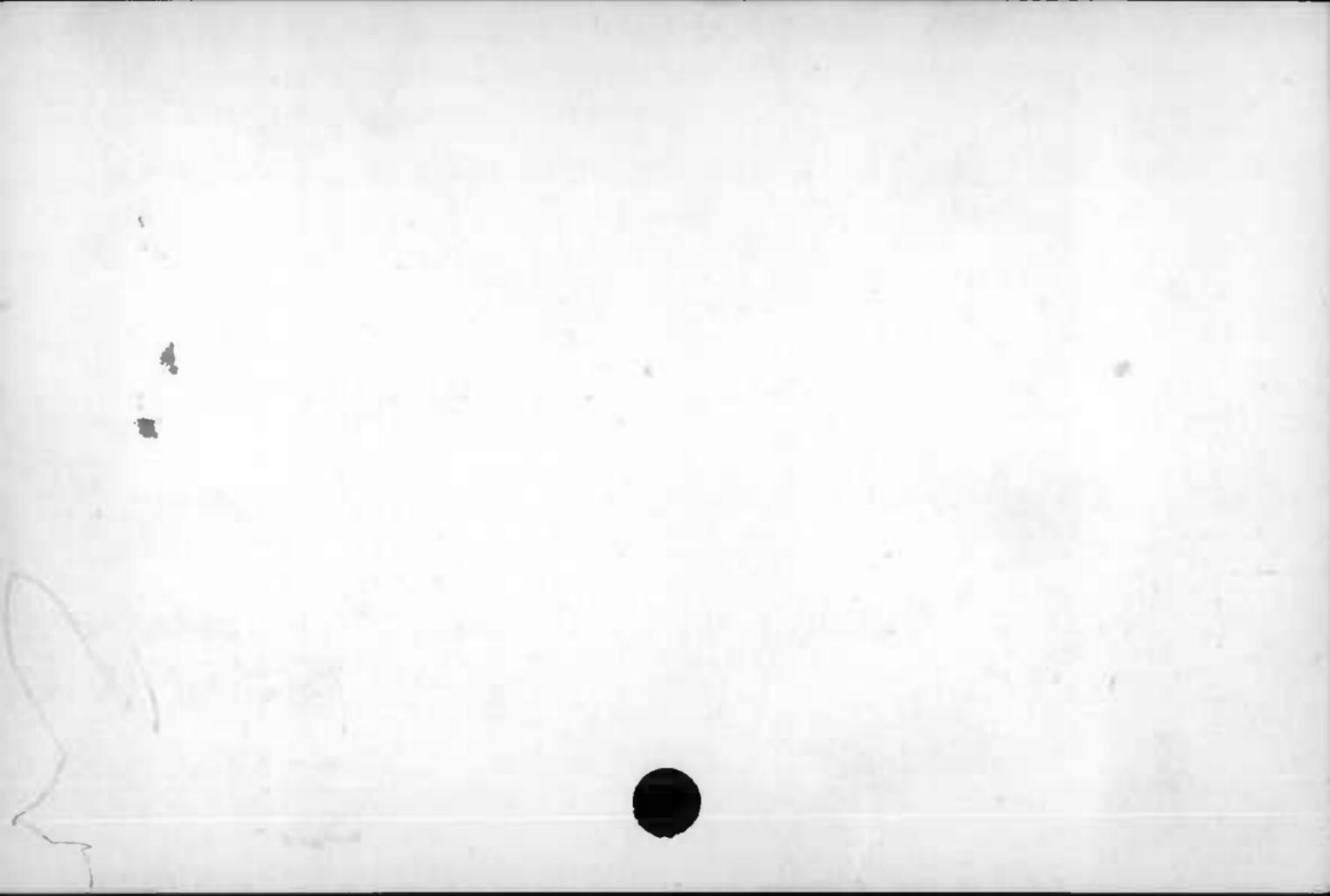
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prices</u>		Town	County <u>Queen Anne's County</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>January</u>	Day <u>15th</u>	Years <u>40</u>	Months <u>11</u>	Days <u>1</u>		
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Near Prices</u>			
Occupation <u>House keeper</u>	Where Residing if not at place of death <u>Near Prices</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>George Washington Hynson</u>						
Father's Name <u>James Senay</u>	Father's Birthplace <u>Near Hayden</u>						
Mother's Maiden Name <u>Ella Sidney</u>	Mother's Birthplace <u>Queen Ann's</u>						
Name of person giving Information <u>George Washington Hynson</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

93

Primary <u>Pneumonia</u>	How long <u>Eight days</u>
Immediate <u>Suffocation</u>	How long <u>About 8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>V. S. Dudley</u>
	Address <u>Church Hill</u>
Accident or Suicide? <u>Q.P.</u>	Queen Anne's County Md



Name
in
Full

William Wellington King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

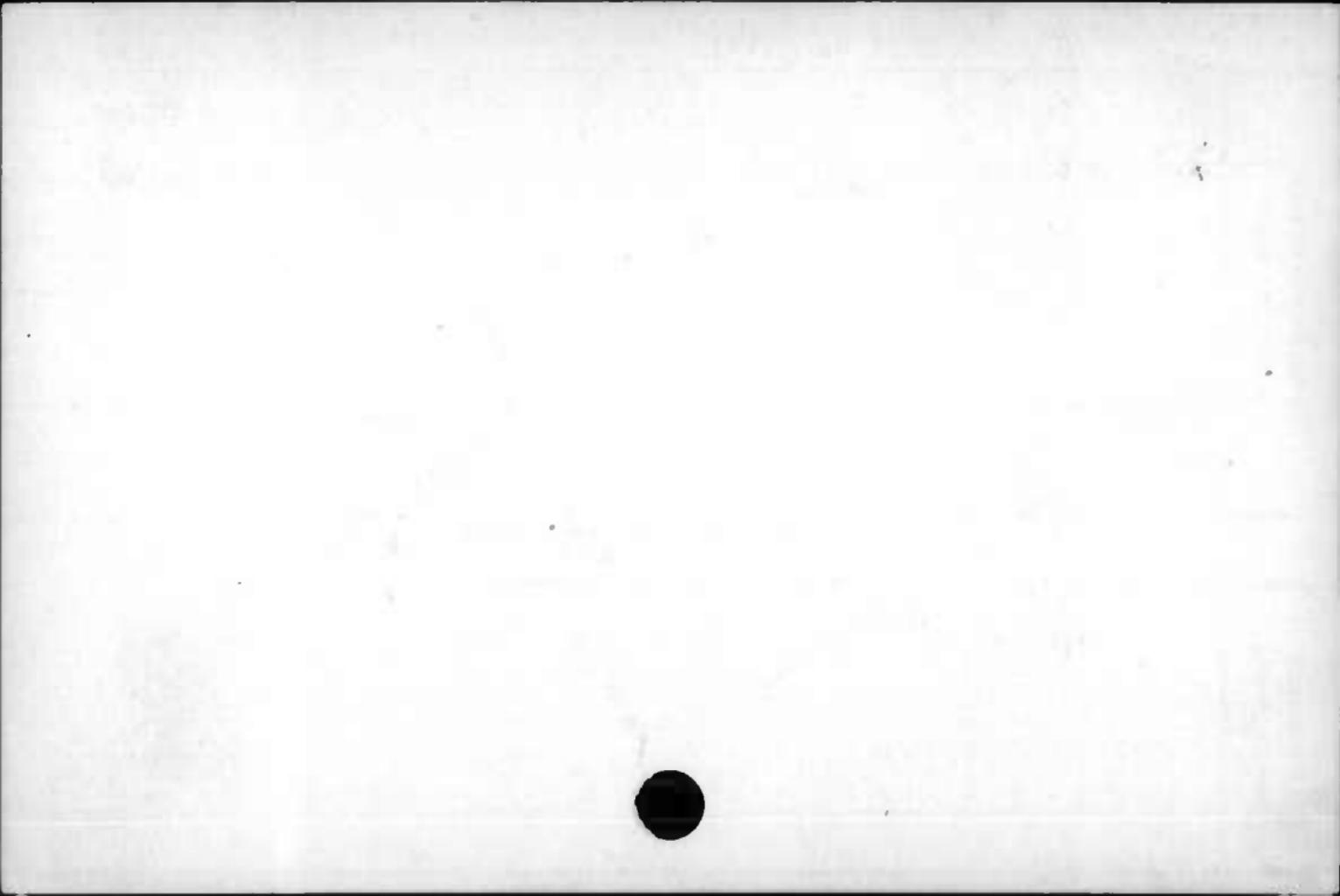
Died at <u>Winchester</u>			Town <u>Queen Anne</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>21</u>	Age <u>69</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co., Md.</u>			
Occupation <u>Mechanic</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amanda Rebecca Cox</u>					
Father's Name <u>William Planar King</u>	Father's Birthplace <u>Somerset Co., Md.</u>					
Mother's Maiden Name <u>Catherine Dix</u>	Mother's Birthplace <u>Somerset Co., Md.</u>					
Name of person giving Information <u>Mrs. Amanda P. King</u>	How related to deceased <u>wife</u>					
CAUSES OF DEATH						
Primary	<u>Influenza</u>					
Immediate	<u>Paroxysmal paralysis</u>					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
Address		<u>Pauline H. Ford</u>				
Accident or Suicide?		<u>Bemetery</u>				

PHYSICIAN
OR CORONER

(10)

How long

How long</p



Name
in
Full

Howard Mansfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

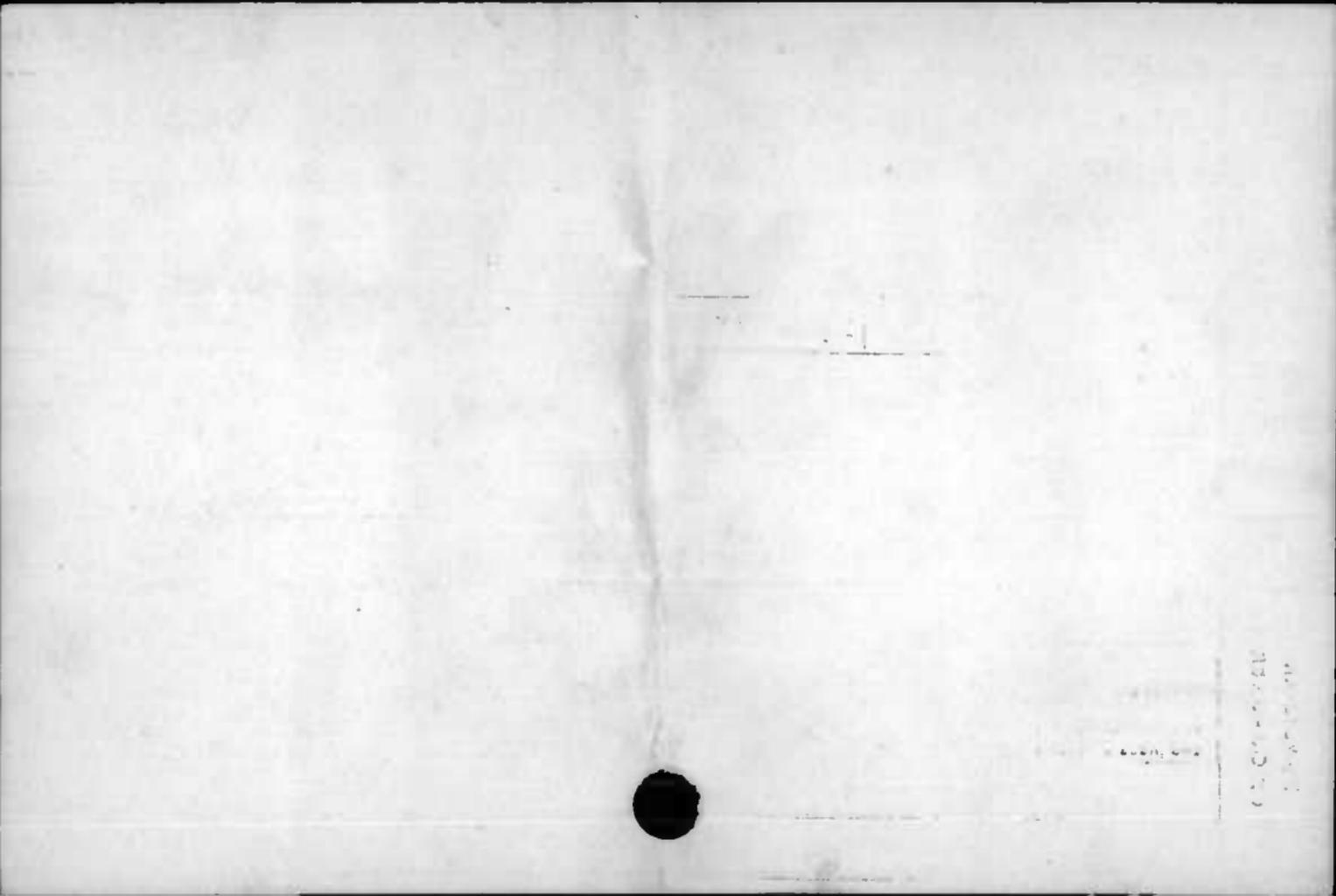
Town	Died at <u>Frost St</u>		County	<u>Queen Anne</u>		
Date of death	Month	Day	Years	Months	Days	
<u>1908</u>	<u>Jan.</u>	<u>4</u>	<u>—</u>	<u>—</u>	<u>15</u>	
Sex	Male	Color or Race	White	Birth- place	<u>Queen Anne Town</u>	
Occupation	Where Residing If not at place of death					—
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	—			
Father's Name	<u>Edward Mansfield</u>			Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Sadie Pierson</u>			Mother's Birthplace	<u>England</u>	
Name of person giving Information	<u>Mr. Edw. Mansfield</u>			How related to deceased	<u>None</u>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Bronch Pneumonia</u>		How long	<u>several days</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm. Henry</u>	
		Address	<u>Stevensville Md</u>	
Accident or Suicide?	<u>no</u>			



Name
in
Full

Rebecca Terrell

Coron.
May 7

CERTIFICATE OF DEATH

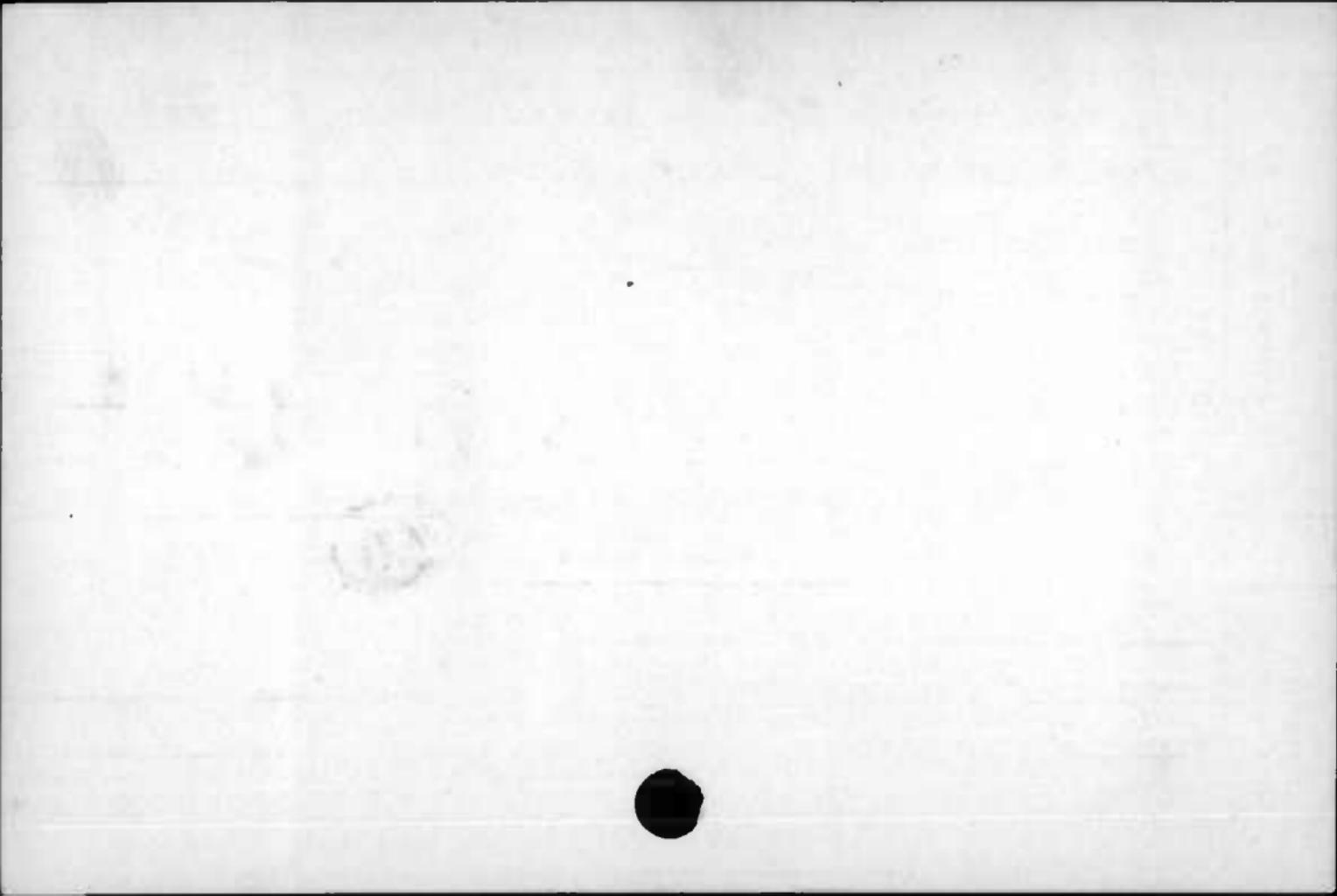
TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN OR CORONER	Town	Q.A. Co		County		MARYLAND		
	Died at	Bentville	Month	8 Jan	Day	6 th	Years	68
	Date of death	1908	Month	Jan	Day	6 th	Years	68
	Sex	Female	Color or Race	Black	Birthplace	Denton		
	Occupation	None	Where Residing if not at place of death	Died at Bentville				
	Married, Single or Widowed	Widowed	Name of Wife or Husband	✓				
	Father's Name	Rev. Bailey	Father's Birthplace	Q.A.-Co.				
	Mother's Maiden Name	Bairt fink out	Mother's Birthplace	Caufield out				
	Name of person giving information	Rebecca Stokes	How related to deceased	Daughter				
CAUSES OF DEATH								
Primary	Hypertonic Declerosis		How long	Dmp Knocd				
Immediate	Cerebral Hemorrhage		How long	10 days				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Woodrow and W. H. Brellerale					
		Address	Frederick, Maryland					
Accident or Suicide?		no	Freeze Accid. Not					

64

PHYSICIAN
OR CORONER



Name
in
Full

Edeth Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Years	Age	Months	Days	
1908	Jan	30			14	
Sex	Female	Color or Race	White	Birth-place	Centreville, Ind.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Geo. Wesley Morris		Father's Birthplace	Delaware		
Mother's Maiden Name	Daa Catherine Roe		Mother's Birthplace	3 yrs old, death, Ind.		
Name of person giving Information	Geo Wesley Morris		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Premature Birth		How long	14 days		
Immediate	Exanation		How long			

151

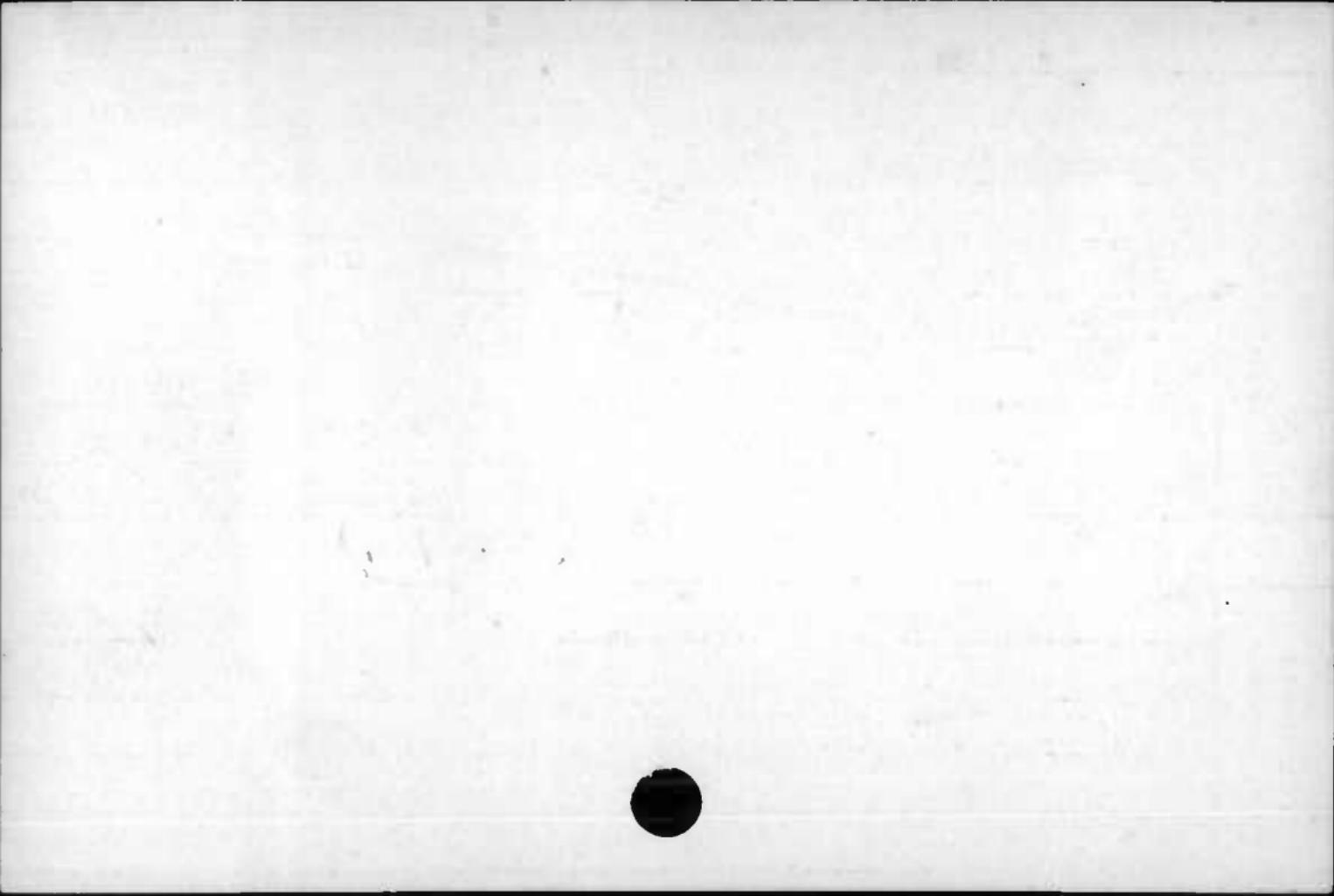
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Walter G. Fenby M.D.
Centreville, R.R. No. 4
Ind.

Accident or Suicide?



Name
in
Full

Mattie Elsie. Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Millington</u>		County <u>Queen Anne's</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>2</u>	Age <u>6</u>	Months <u>5</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Childhood</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Hamilton. Neal.</u>	Father's Birthplace <u>Maryland,</u>				
Mother's Maiden Name <u>Mattie E. Dixon</u>	Mother's Birthplace <u>Maryland.</u>				
Name of person giving information <u>Father</u>	How related to deceased				

CAUSES OF DEATH

28

How long

about 5 or 6 weeks

How long

PHYSICIAN
OR CORONER

Primary

Rasilar Meningitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

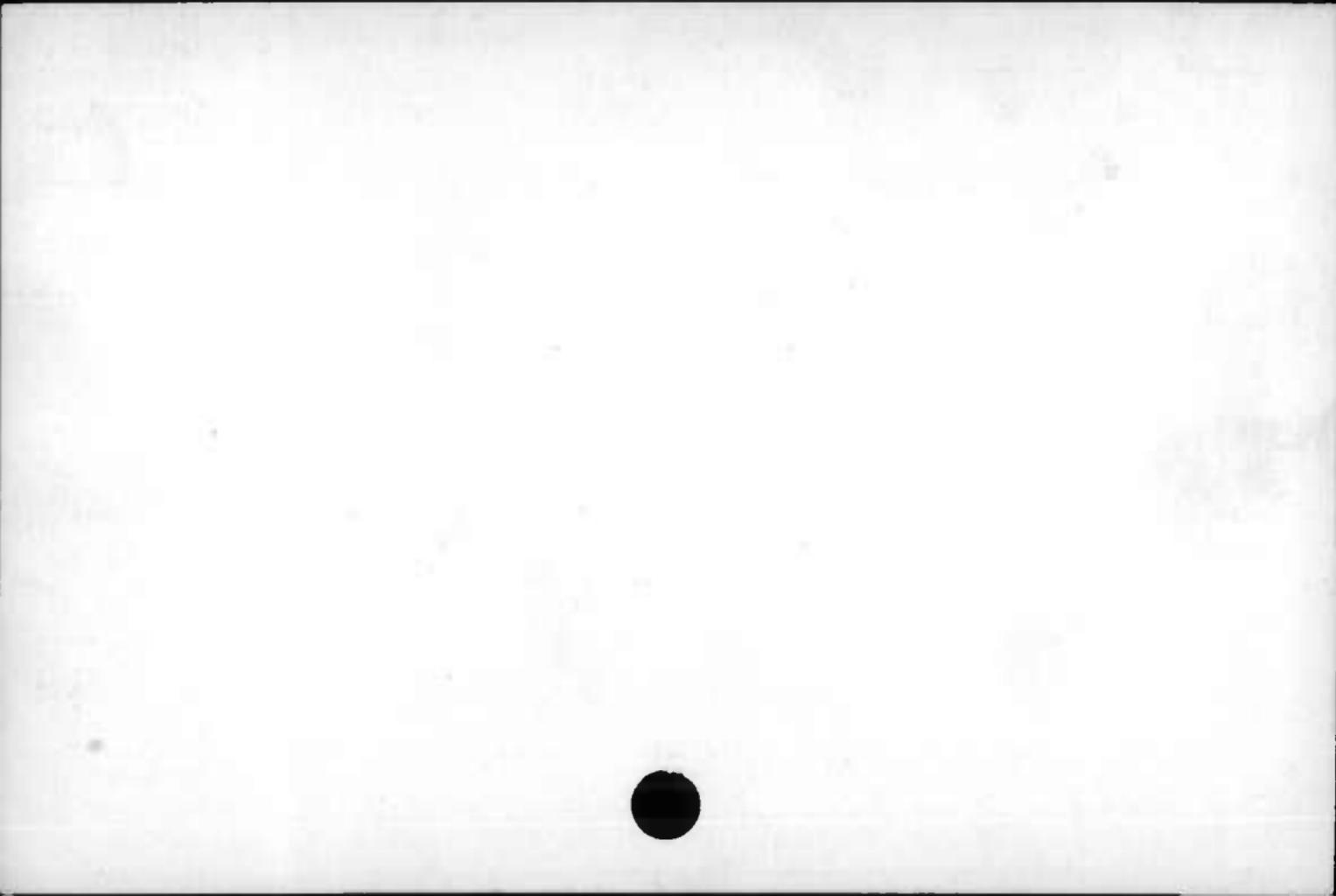
Signature of Physician

H M Jeter M.D.

Address

Millington, Md.

Accident or Suicide?



Name
in
Full

Minnie E. Prichett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died		County Lived		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Jan	25	—	2	20	
Sex	Color or Race	Birth- place		2. A. C. D. S.		
Female	Black	Where Residing if not at place of death		at place of death		
Occupation	Name of Wife or Husband		W. H.			
Married, Single or Widowed	John E. Prichett		Mother's Birthplace			
Married, Single or Widowed	Minnie E. Prichett		W. H. S. D. D.			
Mother's Maiden Name	Benson		How related to deceased			
Name of person giving Information	John E. Prichett		Father			

CAUSES OF DEATH

100

How long

2 months

How long

12 hours

PHYSICIAN
OR CORONER

Primary	Through:-	
Immediate	Sputum and Asthma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
I have not been informed of the cause of death.		Address
This child died of the disease he was born with.		

Salmon

Name
in
Full

Abraham Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Queen Anne's	Month	Year	Days
Date of death	1908	Jan	25	11 mo
Sex	Male	Color or Race	Black	Birth-place
Occupation	Farmer	Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	At place of death	
Father's Name	Arthur Rochester	Father's Birthplace	D. A. C. Md	
Mother's Maiden Name	Sallie Anne Gilson	Mother's Birthplace	D. C. Co. Md	
Name of person giving information	Emos O. Rochester	How related	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis & Bright's Disease* 2 years
How long

Immediate *Hemorrhage & Emphysema* 15 hours
How long

Are the name, age, sex, color, date and place correctly given above?
Yes

Signature of Physician
Address

Accident or Suicide?
Ind

u!

Name
in
Full

William H. Sadler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Winchester</u>		County <u>Queen Anne</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>28</u>	Age <u>63</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Virginia</u>			
Occupation <u>Oysterman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frederica (Coursey) Sadler</u>	Father's Birthplace <u>Virginia</u>			
Father's Name <u>Parry Sadler</u>	Mother's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Bettie Davis</u>	How related to deceased <u>wife</u>				
Name of person giving Information <u>Frederica (Coursey) Sadler</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis

91

How long Three years

Immediate Heart failure

How long Don't know

Are the name, age, sex, color, date and place correctly given above?

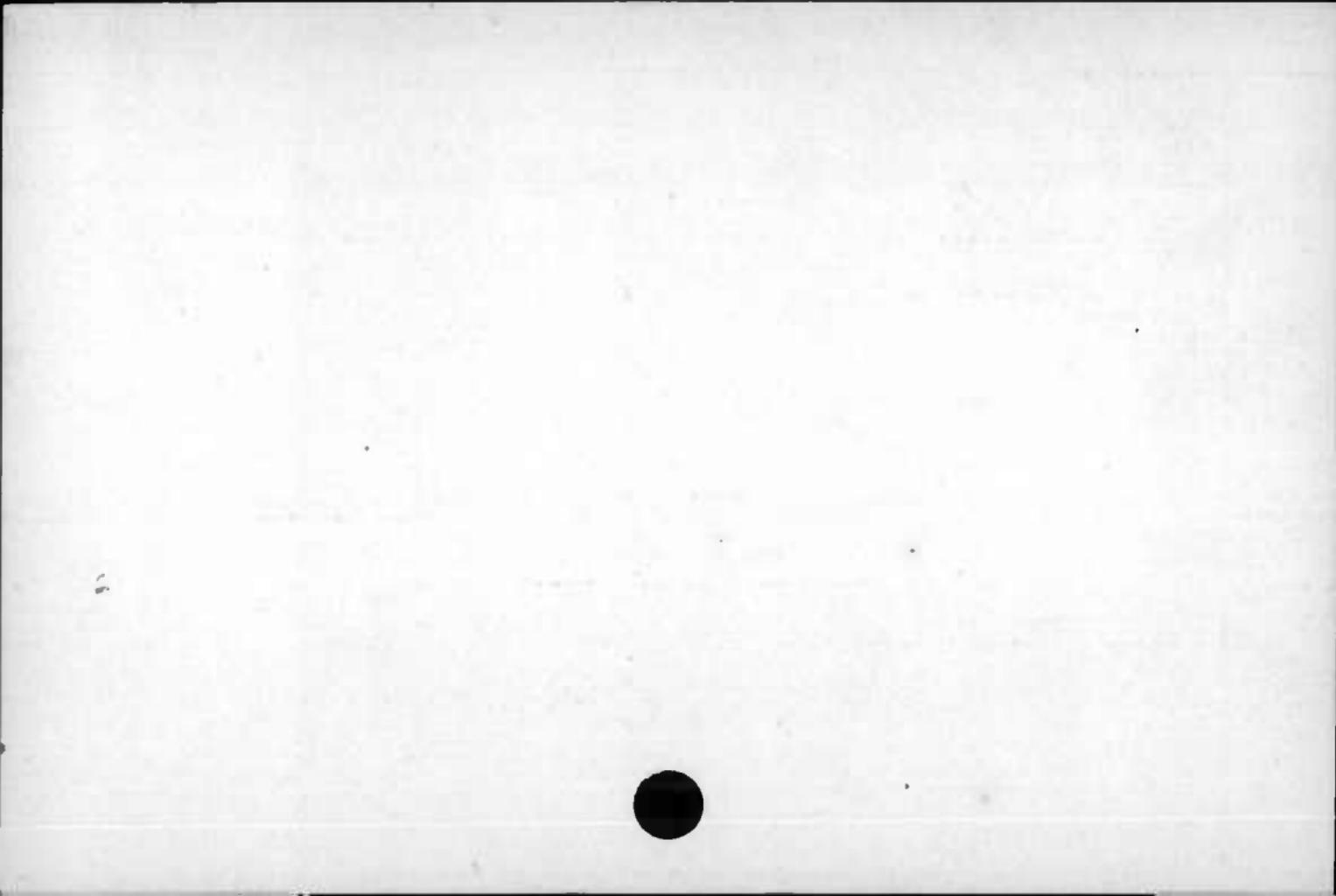
Yes

Signature of Physician

Address

Rowland H. Ford
Queenstown, Md.

Accident or Suicide?



Name
in
Full

Joseph Smith

Jan
1939

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u>		County <u>Queen Anne's</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>8</u>	Years <u>80</u>	Age <u>80</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Queen Anne's Co</u>				
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>near Centreville</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Susan Smith</u>					
Father's Name	Father's Birthplace <u>Queen Anne's Co</u>					
Mother's Maiden Name	Mother's Birthplace <u>Queen Anne's Co</u>					
Name of person giving information	How related to deceased <u>None</u>					
Physician	CAUSES OF DEATH					
Primary <u>Old age</u>	154					
Immediate <u>Exhaustion</u>	How long					

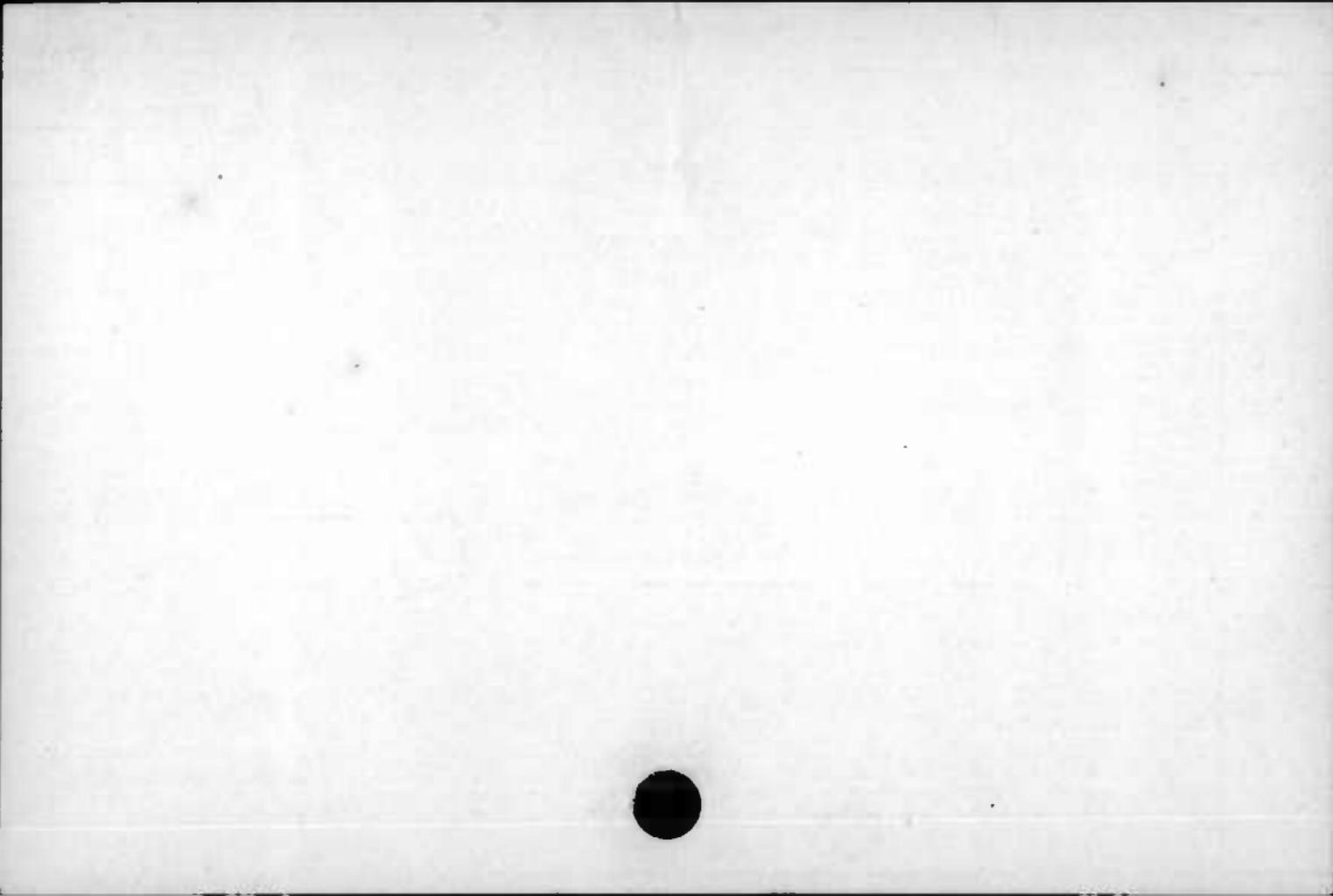
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Lewis Edger Standsberry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Centreville <small>Town</small>		In Queen Anne <small>County</small>		MARYLAND		
Date of death 1908	Month Jan	Day 21	Years 69	Months	Days	
Sex Male	Color or Race Colored	Birth- place Queen Anne Co., Md.				
Occupation Farm Labourer		Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Debbie Standsberry			
Father's Name	not known		Father's Birthplace	not known		
Mother's Maiden Name	not known		Mother's Birthplace	not known		
Name of person giving Information	Maggie Standsberry		How related to deceased	Daughter		

CAUSES OF DEATH

10

Primary

Influenza

How long

2 days

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

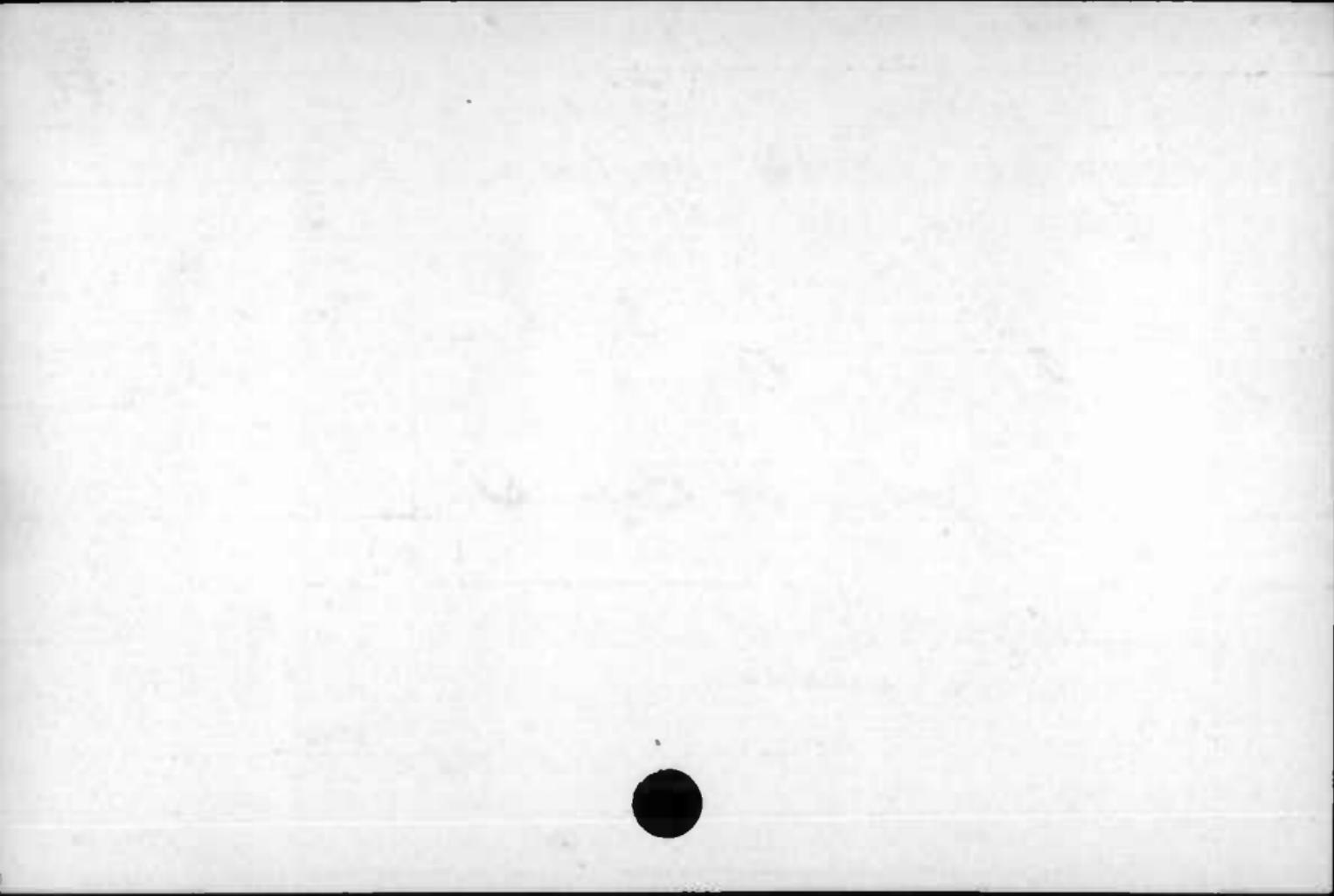
Walter H. French

Address

Centreville RR No 4
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Lindy Stansbury

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Centreville	County	Queen Anne	MARYLAND					
Date of death	Month	1908	Day	15	Years	36	Months	—	Days	
Sex	Female	Color or Race	Negro	Birth-place	Queen Anne Co.					
Occupation	Maid		Where Residing if not at place of death	Chas Stansbury						
Married, Single or Widowed	Married	Name of Wife or Husband	Chas Stansbury		Father's Name	Alexander Byers		Father's Birthplace	Md.	
Father's Name	Alexander Byers		Mother's Maiden Name	Kittie Brown		Mother's Birthplace	Md.			
Mother's Maiden Name	Kittie Brown		Name of person giving information	John St. Byers		How related to deceased	Brother			
CAUSES OF DEATH						27				

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. F. Smith M.D.

Address

Centreville

Md

9

No.

Accident or Suicide?

Internus ab Stage 15th

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

No Name		Starkey		CERTIFICATE OF DEATH	
Died at 10 Pines		Town	County	MARYLAND	
Date of death	1908	Month Jun	Day 25	Years —	Months 1
Sex	Male	Color or Race	White	Days 14	Days
Occupation	—	Where Residing if not at place of death —			

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Henry Starkey

Father's Birthplace

Caroline Co

Mother's Maiden Name

Mary E Pardee

Mother's Birthplace

Caroline Co

Name of person giving information

Henry Starkey

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

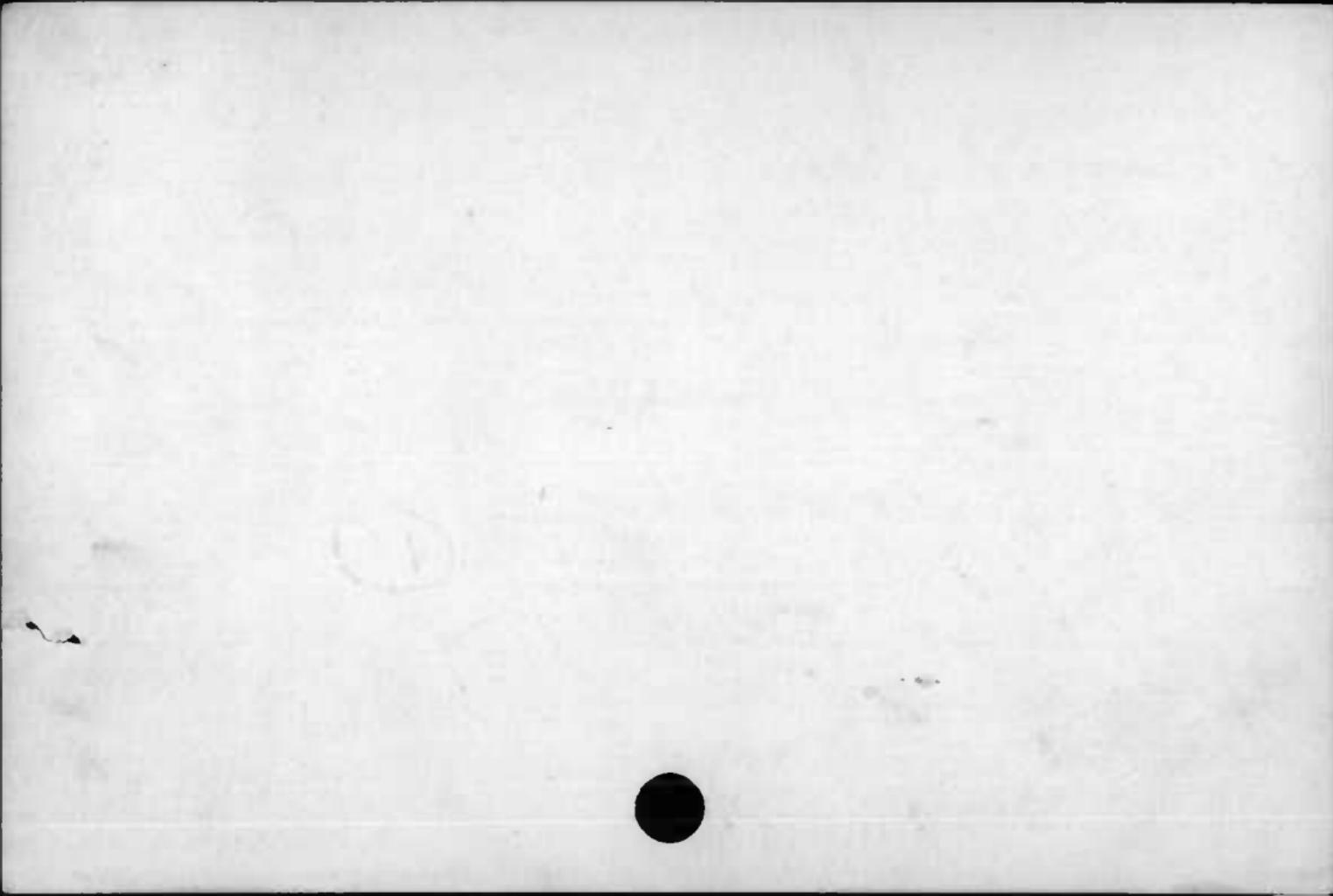
Signature of Physician

Address

had no doctor

6 E Smith
Great Neck

Accident or Suicide?



Name
in
Full

Lizzie Swan

Swan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J.P.

Town	County	
Died at Burrieville	Queen Anne	
Date of death 1908	Month Jan.	Day 19
Age 85	Years	Months 8
Sex Female	Color or Race Negro	Days 15
Occupation Housewife	Where Residing if not at place of death Your Burrieville	
Married, Single Widowed Widowed	Name of Wife or Husband <u>Widow</u>	
Father's Name Perry Forman	Father's Birthplace S.A. So	
Mother's Maiden Name Curtis	Mother's Birthplace S.A. So.	
Name of person giving information Wm M. Daniel	How related to deceased Not Related	

CAUSES OF DEATH

179

Primary

General Debility

about 1 year

Immediate

Exhaustion

1 week.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. F. Smith

Centreville

Md.

Accident or Suicide?



Name
In
Full

Mary Agnes Voshell.

CERTIFICATE OF DEATH

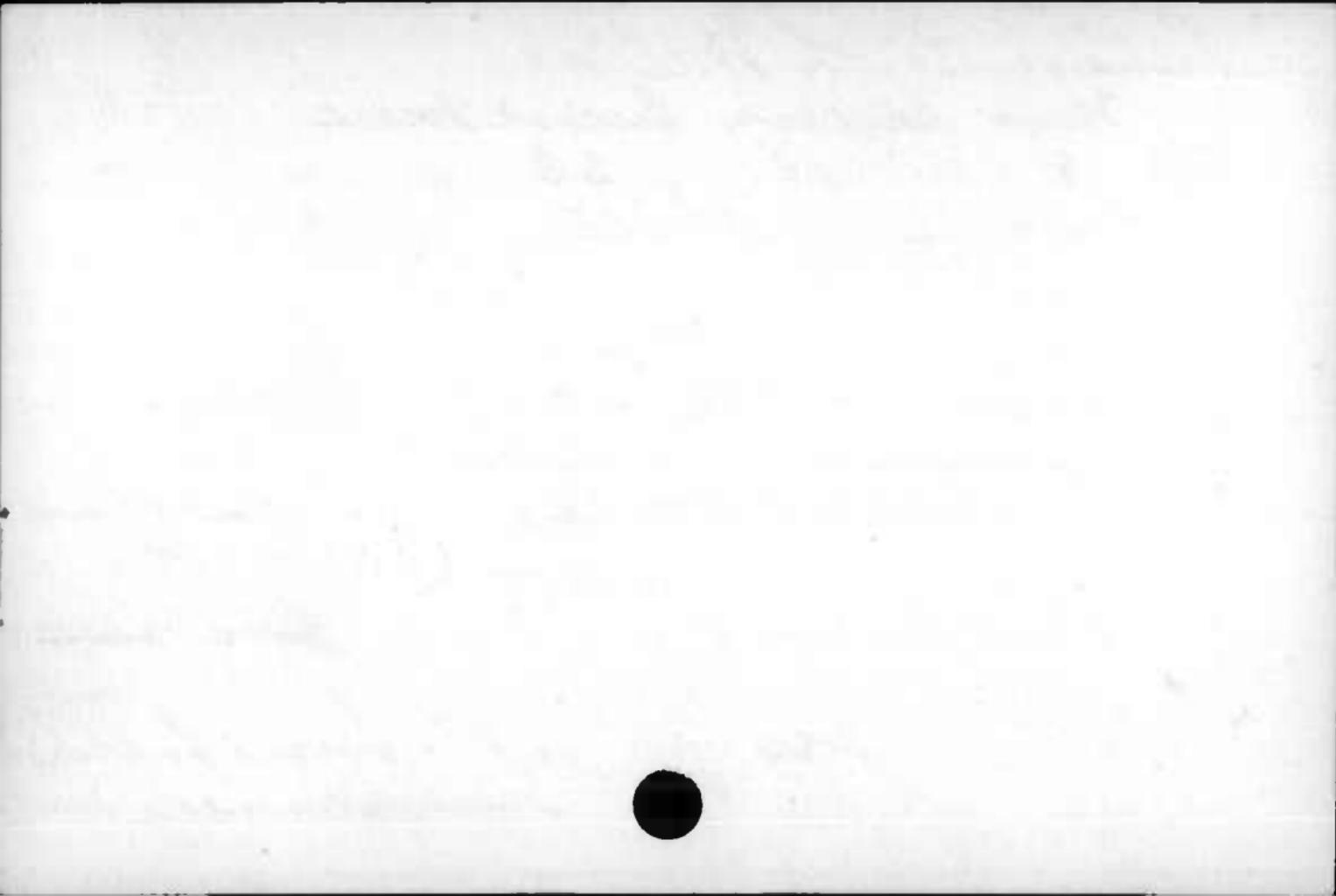
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place		
Occupation	Child hand		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Maryland.	
Father's Name	Wm Voshell.			Father's Birthplace		
Mother's Maiden Name	Mary R. Bennett			Mother's Birthplace	Maryland	
Name of person giving Information	Father -			How related to deceased		

CAUSES OF DEATH

85°

Primary	Anemia - + Catarrh - nasal.		How long	5 or 6 months
Immediate	Nasal hemorrhages.		How long	about 7 or 8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Peter	
		Address	Millington, Md.	
Accident or Suicide?				



Name
in
Full

Lillian Ruth Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	23	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John C. Wallace				
Mother's Maiden Name	Josephine Booker				
Name of person giving information	David Wallace				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis

27

How long

one year.

Immediate

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

J. P. Smith, M.D.
Emergency Med.

Accident or Suicide?



Sudervie

Name
in
Full

John F. Ware

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 1st	Day 30	Years 57	Months	Days
Sex	Male	Color or Race	White	Birth- place	Delaware	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret J. Ware		Father's Birthplace	Delaware
Father's Name	William Ware	Mother's Birthplace				
Mother's Maiden Name	Jane G. Louris	Delaware				
Name of person giving Information	Margaret J. Ware	How related to deceased				

CAUSES OF DEATH

120

Primary

Bright's disease

How long

2 years

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

js

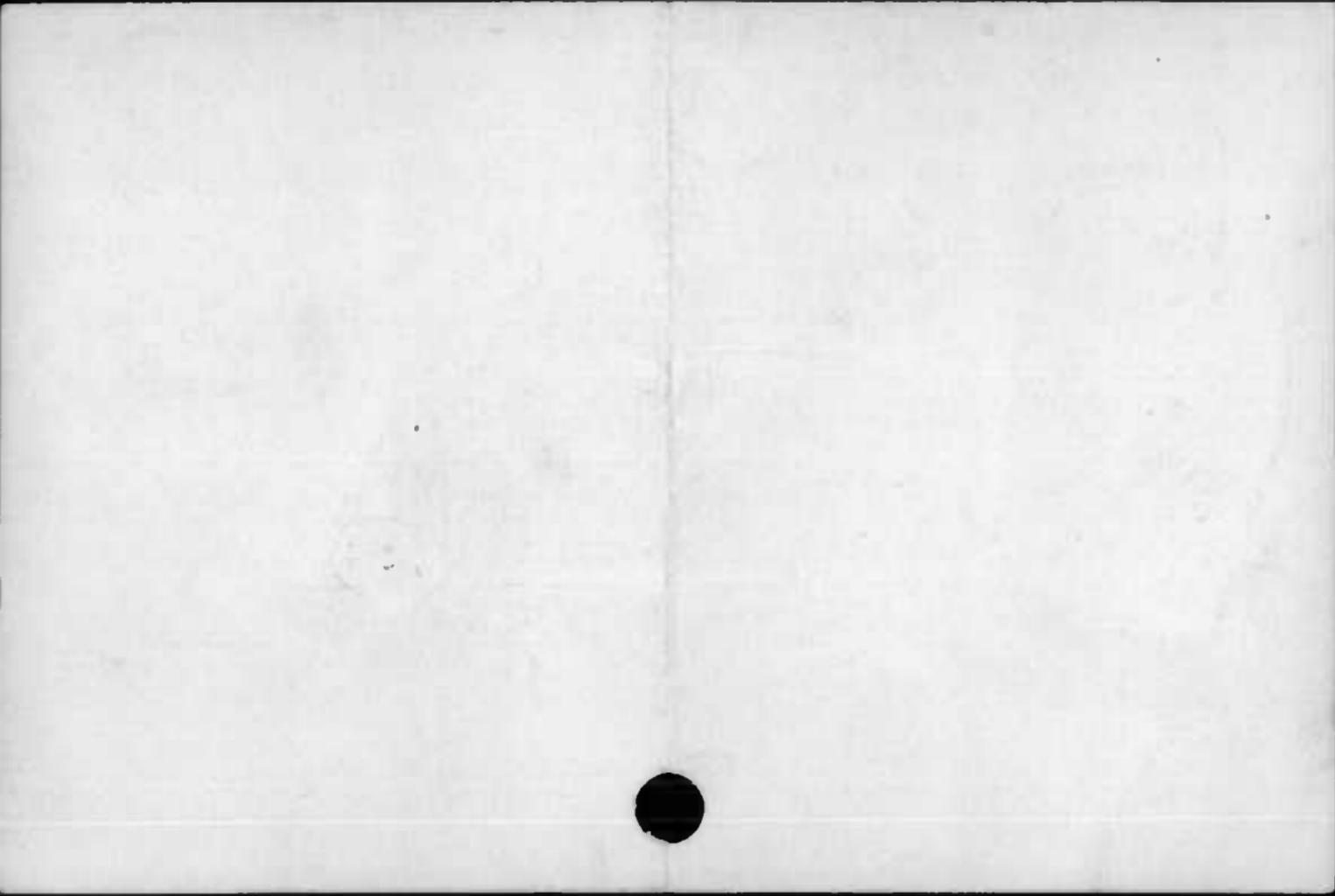
Signature of
Physician

Address

J. R. Smith, M.D.
Templerville Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Jas H. Waller Woodford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Anna H. Peers	
Father's Name	James Woodford		
Mother's Maiden Name	Julia Mills		
Name of person giving information	W. J. Woodford		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis		How long
Immediate	Heart Dilatation		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Accident or Suicide?		J. Woodford M.D. Baltimore, Towson Avenue	

